

# APPLICATION FOR EMPLOYMENT

WEST VIEW MANOR provides equal opportunity without regard to race, color, religion sex, national origin, age, veteran status or disability to any other reason protected by law.

## INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please print.

Job (s) applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Salary Required \_\_\_\_\_

Work Hours/Shift	Full Time	Part Time	Days	Evenings	Nights	Weekends
Preferred	Y ___ N ___	Y ___ N ___	Y ___ N ___	Y ___ N ___	Y ___ N ___	Y ___ N ___

List any days or hours you cannot work: \_\_\_\_\_

When could you start work? \_\_\_\_\_

How did you learn of this job opening? (check one)

Employee Referral \_\_\_\_\_ Newspaper \_\_\_\_\_ Walk-in \_\_\_\_\_ Job Service \_\_\_\_\_ College, Trade School \_\_\_\_\_ Other (Explain) \_\_\_\_\_

## PERSONAL DATA

Last Name	First Name	Middle Init.	Maiden Name	Telephone Number
Present Street Address		City	State	Zip Code
Social Security Number		Are you 18 years of age or older? Y ___ N ___		
Are you authorized to work in the United States?		Y ___ N ___		

All offers of employment are contingent upon verification of employment eligibility under the provisions of the Immigration Reform & Control Act of 1986.

## GENERAL

Were you ever employed here?..... N \_\_\_ Y \_\_\_ If yes, when? \_\_\_\_\_

Have you ever applied here before..... N \_\_\_ Y \_\_\_ If yes, when? \_\_\_\_\_

Have you ever been employed, or applied for a position here under a different name?  
If yes, what name? \_\_\_\_\_

Have you ever been convicted of a crime involving the abuse, neglect or mistreatment of an individual or any other felony or misdemeanor (except routine traffic violations)? A conviction will not necessary disqualify you. Y \_\_\_ N \_\_\_

Offence(s)	Date	Place	Disposition

## EDUCATION

	Highest Grade Completed	Did You Graduate
High School: _____ City: _____ State: _____		
College or University: _____ City: _____ State: _____ College Major: _____ Degree _____		
Additional Educational and/or Vocational or Technical Training information:		
School: _____ City: _____	Courses Taken	Did You Complete
School: _____ City: _____ State: _____		

## SPECIAL QUALIFICATIONS

Typing wpm		Shorthand wpm	Computer	Dictaphone	PBX		Medical Terms

Administrator license no: \_\_\_\_\_ State: \_\_\_\_\_ Exp. date: \_\_\_\_\_

RN license no: \_\_\_\_\_ State: \_\_\_\_\_ Exp. date: \_\_\_\_\_

LPN/LVN license no: \_\_\_\_\_ State: \_\_\_\_\_ Exp. date: \_\_\_\_\_

N.A. Certification/State Approved: \_\_\_\_\_ State: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Other license(s) or certification(s) no(s): \_\_\_\_\_ State: \_\_\_\_\_ Exp. date: \_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and ANY PERIOD OF UNEMPLOYMENT. If self-employed, give name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of most recent employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of employment: from (mo/yr) \_\_\_\_\_ to: (mo/yr) \_\_\_\_\_

Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of most recent employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of employment: from (mo/yr) \_\_\_\_\_ to: (mo/yr) \_\_\_\_\_

Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of most recent employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of employment: from (mo/yr) \_\_\_\_\_ to: (mo/yr) \_\_\_\_\_

Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of most recent employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of employment: from (mo/yr) \_\_\_\_\_ to: (mo/yr) \_\_\_\_\_

Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL

## REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

### APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

\*I understand that West View Manor requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize West View Manor to investigate my past employment, educational credentials and other employment-related activities. I agree to cooperate in such investigations and release all parties from all liability or responsibility with respect to the information supplied.

\*I also authorize the Company to request an investigative consumer report in which information on my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, or my associates or others with whom I am acquainted or who may have knowledge concerning any such items of information.

\*I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

\*I understand that any employment with West View Manor would not be for any fixed period of time and that, if employed,

I may resign at any time for any reason and that West View Manor may terminate my employment at any time for any reason. I further acknowledge my understanding that statements which may be contained in policies, handbooks, and other West View Manor material do not create any contracts of employment, express or implied; that no supervisor, manager, executive or any other employee or agent of West View Manor has the authority to alter the above, and that any promises to the contrary will only be relied upon by me if they are in writing signed by the Administrator.

\*I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations will be grounds for immediate discharge, if I am employed.

\*I understand that any offer of employment is contingent upon a medical evaluation that I am able to perform the essential functions of the job, with or without reasonable accommodation.

\*I understand this application will be considered current for 60 days, and that a new application must be completed for further consideration after 60 days.

\*I acknowledge that I have read and understand the above statement.

\*\* As required by Ohio S.B. 60, I understand that all applicants who apply for a position that involves providing direct care to an older adult are required to provide a set of fingerprint impressions and a criminal records check will be required and will be conducted if I come under final consideration for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date